

## Recurring Event Data Collection Form

Please Provide Information Below						
State: ME			Organization:			
Staff Name:					Outcome #:	
Location of Service:					Service Date:	
Name of Group Presenting To:						
Service You Are Providing: (Service Code)						
What is the Audience / Population: (Service Population Code)						
Activity #:			Activity Notes:			
Session #:						
Service Length _____ Hour(s)						
Preparation Time _____ Hour(s)						
Attendance				THIS INFORMATION IS ONLY NEEDED FOR 1ST SESSION AND NEW PARTICIPANTS		
Last Name	First Name	M.I.	Present ✓ = Yes	Gender M of F	Race	Date of Birth (mm/dd/yyyy)
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